

Fill in this information to identify the case:

Debtor name Toledo Gas Gathering, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 24-60730

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$399,229.60	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 4 R Ventures LLC 515 N. Fredonia St Longview, TX 75601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$102,539.09
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Adriatic Marine LLC Madison Tucker, Jones Walker LLP 201 St. Charles Ave. Suite 5100 New Orleans, LA 70170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,120,524.33
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.3	Nonpriority creditor's name and mailing address Amplify Energy Operating, LLC c/o Eric Williams 500 Dallas Street, Suite 1700 Houston, TX 77002 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$798,001.77
3.4	Nonpriority creditor's name and mailing address Anthony C. Cibilich Madison Tucker, Jones Walker LLP 201 St. Charles Ave. Suite 5100 New Orleans, LA 70170 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Associated Pipeline 950 Echo Lane Suite 100 Houston, TX 77024 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.6	Nonpriority creditor's name and mailing address Barnstorm Resources, LLC 515 N. Fredonia St Longview, TX 75601 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174,622.07
3.7	Nonpriority creditor's name and mailing address Benton J. Poole 1917 Esparanza Ct. Allen, TX 75013 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214,500.00
3.8	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Texas Post Office Box 650615 Dallas, TX 75265 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,677.33
3.9	Nonpriority creditor's name and mailing address Buffco Production, Inc. P. O. Box 2243 Longview, TX 75606 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,388.40
3.10	Nonpriority creditor's name and mailing address C&S Lease Service, LC P. O. Box 1049 Kilgore, TX 75663 Date(s) debt was incurred: _____ Last 4 digits of account number: _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,530.01

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3.11	Nonpriority creditor's name and mailing address Crestline Energy Partners LLC c/o Matthew W. Bobo Law Office, PLLC 4916 Camp Bowie Blvd. Fort Worth, TX 76107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.12	Nonpriority creditor's name and mailing address Crestline Partners c/o Matthew W. Bobo Law Office, PLLC 4916 Camp Bowie Blvd. Ft. Worth, Texas 76107 Fort Worth, TX 76107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.13	Nonpriority creditor's name and mailing address Datamax P O Box 2235 Saint Louis, MO 63109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,413.31</u>
3.14	Nonpriority creditor's name and mailing address Eastman Midstream LP P O Box 2851 Longview, TX 75606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$53,715.22</u>
3.15	Nonpriority creditor's name and mailing address Estate of William K. Anderson c/o Willbanks & Willbanks, PC 1 Riverway Suite 1700 Houston, TX 77058 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$675,000.00</u>
3.16	Nonpriority creditor's name and mailing address Finkelstein Partners Finkelstein Partners 1407 Fannin Street Houston, TX 77027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000,000.00</u>
3.17	Nonpriority creditor's name and mailing address Freeman Family Partnership 2222 Merit Dr. #1400 Dallas, TX 75251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500,000.00</u>
3.18	Nonpriority creditor's name and mailing address Freeman Mills PC 12222 Merit Dr. #1400 Dallas, TX 75251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400,000.00</u>

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3.19	Nonpriority creditor's name and mailing address Houston Tall Pines, LLC Houston Tall Pines, LLC 1207 Antoine Drive Houston, TX 77055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750,000.00
3.20	Nonpriority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.21	Nonpriority creditor's name and mailing address Jason Dial c/o Matthew W. Bobo Law Office, PLLC 4916 Camp Bowie Blvd. Fort Worth, TX 76107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,343,983.52
3.22	Nonpriority creditor's name and mailing address KEV-MEL, LLC 515 N. Fredonia St. Longview, TX 75601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Kirk Shields-Gregg Cnty Tax Assessor Kirk Shields-Gregg Cnty Tax Assessor P.O. Box 1431 Longview, TX 75606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.09
3.24	Nonpriority creditor's name and mailing address Matthew Russell 48 Lake Cherokee Longview, TX 75603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,393.44
3.25	Nonpriority creditor's name and mailing address Michelle Terry Gregg County Tax Assessor County Tax Assessor-Collections P O Box 1431 Longview, TX 75606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,892.39

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3.26	Nonpriority creditor's name and mailing address Nacogdoches CAD-AETHON ENERGY Nacogdoches Central Appraisal District 216 W Hospital St Nacogdoches, TX 75961 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$242.49</u>
3.27	Nonpriority creditor's name and mailing address Onyx Gas Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,102.63</u>
3.28	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services Pitney Bowes Global Financial Services Post Office Box 981022 Boston, MA 02298 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$312.09</u>
3.29	Nonpriority creditor's name and mailing address Progressive County Mutual Ins Co Dept 0561 Carol Stream, IL 60132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,537.00</u>
3.30	Nonpriority creditor's name and mailing address R. Kevin Russell 515 N. Fredonia Longview, TX 75601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$48,400.75</u>
3.31	Nonpriority creditor's name and mailing address Ralph Falls PACE COMMERCIAL LLC 5800 Old Pineville Road Suite 201, Charlotte, NC 28217 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500,000.00</u>
3.32	Nonpriority creditor's name and mailing address RAM Interest, LP 5354 Airport Freeway Haltom City, TX 76117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,346.82</u>
3.33	Nonpriority creditor's name and mailing address Raymond S. Russell Post Office Box 373 Longview, TX 75606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$288,586.41</u>

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3.34	Nonpriority creditor's name and mailing address Republic Services Post Office Box 78829 Phoenix, AZ 85062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,735.42</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Russco Oil & Gas, LLC P O Box 373 Longview, TX 75606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,643.07</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Scott Porter, Johnson Tax Assessor Scott Porter, Johnson County Tax Assessor Post Office Box 75 Cleburne, TX 76033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,346.68</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Shane Graves Shane Graves PC 515 N. Fredonia Street Longview, TX 75601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$339,600.58</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Shoco Production - Partners 1518 Colony Circle Longview, TX 75604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,793.59</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Shoco Production, LP 1518 Colony Circle Longview, TX 75604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$71,952.17</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address Stericycle, Inc. Stericycle, Inc. 28883 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$543.67</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Texas Mutual Insurance Company P.O. Box 841843 Dallas, TX 75284 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$134.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.42 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$750,000.00
Two Sisters LLC
PO Box 21270
Oklahoma City, OK 73156
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.43 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$22,550.00
Wilbanks & Wilbanks, PC
1 Riverway Suite 1700
Houston, TX 77056
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$2,500,000.00
Wildcat Davis Accumulation II LP
6800 Lakewood Blvd.
Dallas, TX 75214
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 399,229.60
5b. +	\$ 18,069,745.66
5c.	\$ 18,468,975.26